

# Public Health Preparedness Summit, 2009

## University Research Engagement

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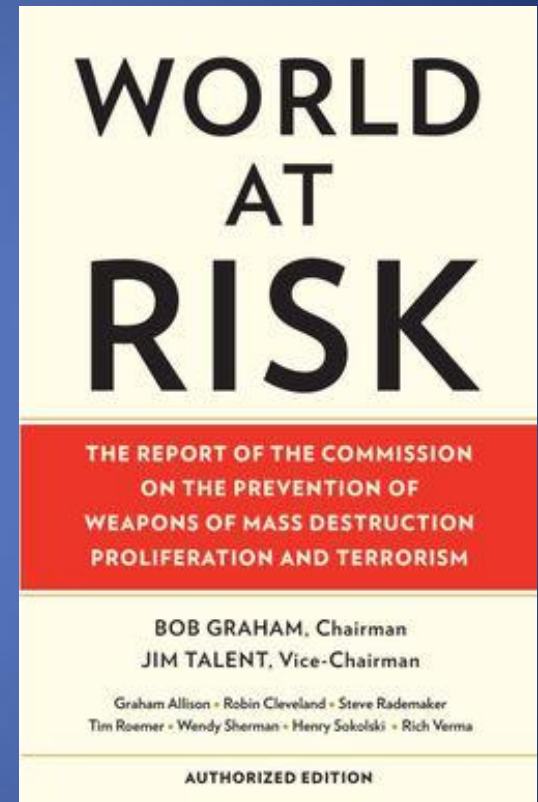
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Preparedness and Emergency  
Response Research Center

# Why are We Here?

- World will get more dangerous before it gets safer
- Threats are dynamic and complex



# University Engagement in Research - why?

Universities are community trusts

- Universities possess valuable and unique research assets to:
  - understand threats
  - address threats
  - evaluate effective use of resources
  - define best practices
  - translate research results into action

# Universities and Preparedness

- Universities have been engaged non-uniformly in preparedness planning
- Universities, including schools of public health, have been minimally engaged in preparedness research
  - Public health systems research – fledgling status
  - Preparedness and emergency response as new academic discipline

# Emory PERRC

- I. Academic-Community Partnerships in Preparedness
- II. Improving Disaster Planning in Subacute Medical Settings
- III. Use of Incident Command Systems (ICS) and Emergency Operations Centers (EOC) in Public Health Crises
- IV. Immunization Systems and Public Health Preparedness

# Project I. Academic-Community Partnerships in Preparedness

Alex Isakov, Dept. of Emergency Medicine  
Research Project flows from experience  
with Katrina



- Over 100K evacuees
- Worked with physicians in community to address medical needs on-site and take pressure off hospital emergency medicine departments
- Liaison with Georgia Division of Public Health

# Project I. Academic-Community Partnerships in Preparedness

- Case studies – how have universities successfully been engaged in disasters in past?
- Assess interaction of universities with public health systems before, during and after disasters

# Project II. Improving Disaster Planning in Sub-acute Facilities

David Howard, Dept. of Health Policy & Management

This project will focus on public health preparedness for:

- nursing homes,
- home health agencies, and
- dialysis centers and their patients

The care requirements and fragility of these patients make them extremely vulnerable to disasters and public health emergencies.





# Project II. Improving Disaster Planning in Sub-acute Facilities

- Assess extent of increase in morbidity and mortality during disasters (e.g., Katrina) among medically vulnerable populations
- Determine vulnerabilities in provider-level preparedness planning
- Assess partnerships with public health and with universities, before, during, and after disasters



# Project III. Use of ICS/EOCs in Public Health Crises

Jim Buehler, Department of Epidemiology

Case studies of use of ICS/EOCs  
in a public health unit (what worked,  
what didn't)

- Wildfires, San Diego
- Democratic National Committee 2008, Denver
- Syphilis outbreak in Indianapolis



# Project III. Use of ICS/EOCs

All work conducted with health departments

Cross-cutting issues with other projects:

- Role of university in ICS/EOC
- Attention to medically vulnerable populations

# Project IV. Immunization Systems and Distribution of Countermeasures

Jim Buehler

- Assn. of Immunization Managers
- American Immunization Registry Assn.
- Task Force for Child Survival



# Project IV. Immunization Systems and Distribution of Countermeasures

## Assess:

- Communication during shortages
- Support of pandemic flu planning
- Leveraging for countermeasure distribution

# Fellowships/Graduate Training

- Emergency Medicine Pre-Disaster Fellowship
- Southeastern Center of Excellence in Geriatric Training, School of Medicine
- Doctoral and postdoctoral programs in Rollins School of Public Health
- Infectious disease residency training



# Pilot Projects

- Fund one to two innovative projects annually
- Can address any of IOM themes in preparedness research
- Initial awards March 1, 2009

# Advisory Board

Chair, Jim Curran, Dean, RSPH

CPHP Director, Kathy Miner

GA Div. Public Health, Elizabeth Ford & Pat O'Neal

Ethics, Law

Industry

Emergency Medicine, Toxicology, Medicine

Communications

Common Ground





# Summary

- Public health systems research becoming more robust
- Preparedness needs systems research
- Research pushes practice, and practice pushes research in a feedback loop

# Thank you!

## Emory PERRC

